LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
April 13, 2006

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	HIV/EPI AND OAPP STAFF
Carla Bailey, *Co-Chair*	Gloria Pérez/Terry Goddard	Alicia Avalos	Chi-Wai Au
Ruben Acosta	Wendy Schwartz	Cinderella Barrios-Cernik	Kyle Baker
Carrie Broadus	Andrew Signey	Kafi Battersby	Gordon Bunch
Robert Butler	James Skinner/Susan McGinnis	Camille Crespo	Rochelle Floyd
Charles Carter	Peg Taylor	Lisa Fisher	Patty Gibson
Mario Chavez	Gilbert Varela	Susan Forrest	Michael Green
Alicia Crews-Rhoden	Kathy Watt	Shawn Griffin	Terina Keresoma
Nettie DeAugustine	Jocelyn Woodward	Edward Hibbs	Mario Pérez
Whitney Engeran	Fariba Younai	L. Humphreys	David Pieribone
Hugo Farias		Miki Jackson	Jacqueline Rurangirwa
Douglas Frye	**MEMBERS ABSENT**	Luis Lopez	William Strain
William Fuentes		Richard Martinez	Gloria Traylor-Young
David Giugni	Daisy Aguirre	Lourdes Moreno	Lanet Williams
Elizabeth Gomez	Al Ballesteros	Nawoe Morris	Juhua Wu
Jeffrey Goodman	Anthony Braswell	Michael O'Connor	
John Griggs	Precious Jackson	Cris Oropeza	**COMMISSION STAFF/CONSULTANTS**
Richard Hamilton	Quentin O'Brien	Daniel Roth	
Jan King	Ron Snyder	Natalie Sanchez	Virginia Bonila
Brad Land/Dean Page	Jonathan Stockton	Deya Smith-Starks	Miguel Fernandez
Kevin Lewis		James Smith	Jane Nachazel
Anna Long		Tania Trillo	Glenda Pinney
Davyd McCoy		Jan Wise	Doris Reed
Ruel Nolledo		Tony Wafford	James Stewart
Everardo Orozco		Walter Ward	Craig Vincent-Jones
Angelica Palmeros		Rocio Yong	Nicole Werner

I. CALL TO ORDER: Ms. Bailey called the meeting to order at 9:05 am.
A. Roll Call: Mr. Vincent-Jones called the role and confirmed quorum.

II. APPROVAL OF AGENDA: Ms. Bailey presented the Agenda.
MOTION #1: Approve the Agenda Order ***(Passed by Consensus)***.

III. APPROVAL OF MEETING MINUTES:
A. March 9, 2006: Mr. O'Brien was unable to attend due to jury duty, but had forwarded notice of a grammatical error. Mr. Vincent-Jones said it would be corrected.
MOTION #2: Approve the minutes from the March 9, 2006 Commission on HIV meeting with corrections as noted ***(Passed by Consensus)***.

IV. PARLIAMENTARY TRAINING:
A. Meeting Conduct and Decorum:
- While meetings have been run in a more informal manner to encourage community involvement, Mr. Stewart noted that there have been several controversial issues lately making the meetings more contentious. As a result, going forward, previously approved guidelines and Robert's Rules of Order will be followed closely to improve the flow of business and maintain a respectful environment. A memorandum in the packet provided a review of guidelines, including a standard two-minute speaking rule for debate, speaking order and a limit of no more than two speaking opportunities per Commissioner without consent of the body.
- Matters that do not count as debate are: a question or "Point of Information", a question on procedure or "Point of Parliamentary Inquiry", a request to return to the topic or "Call for the Orders of the Day", and expression of a concern that parliamentary procedure has been violated or "Raise a Point of Order". Cross-talk will also be more strictly monitored, Mr. Vincent-Jones said, as it interferes with the primary speaker's speaking opportunity and compromises the taped meeting record.
- The Executive Committee has requested a series of short trainings over the next few months to enhance the quality of the dialogue, and to help speakers stay aware of the impact of their comments. It is important to focus on issues rather than personalities, Mr. Engeran noted.
- Mr. Stewart indicated that his presentation "The Art & Science of Presiding" from the March Executive Committee meeting was in the packet.

V. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.

VI. COMMISSION COMMENT, NON-AGENDIZED: Other EMAs seem to be fighting more aggressively against the cuts, Mr. Page said. He felt letters and legislative contacts were an insufficient response. Mr. Engeran noted the subject was scheduled for discussion under Public Policy.

VII. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no prior comments requiring follow-up at this time.

VIII. CO-CHAIRS' REPORT:
A. Commission Departures: Adrian Aguilar has moved out of the area and notified the Commission of his resignation from the Commission. Mr. Vincent-Jones expressed thanks for his Commission work.

B. OAPP's Proposed Contract Reductions (10/05): A copy of the memorandum to Dr. Schunhoff requesting a follow-up on the contract reductions that OAPP has proposed in October was in the packet. While Mr. Pérez had reported on it a few times, there had been no written follow-up and no list of the types of financial documents that would be provided. Also, there had been no further information on the issue of under- and overspending, as previously requested by the Board. Dr. Schunhoff's reply indicates ongoing work to identify administrative savings in order to prevent the reductions. He also detailed the financial information that would be delivered to the Finance Committee as soon as possible.

C. Year 16 Title I/II Award Priorities/Allocations:
- Mr. Land reported that due to the $1.9 million Title I award reductions, the priority- and allocation-setting process funding scenario #4 (5% and above funding reduction) was invoked. The Title II award increased by $155,000. Title III

reflects a 2.5% rescission to directly funded providers and the CDC a $400 thousand rescission. OAPP originally proposed an additional $1.6 million in contract reductions, which the Board of Supervisors prevented.

- P&P was charged with ensuring the Commission: has complied with the paradigms, operating values, framework and procedures adopted last year. Both P&P and Finance concurred that the process was a correct one, and thus agreed to enact the final recommendations for across-the-board cuts if the combined Title I/II award reductions were less than 7.5%.
- OAPP will present the revised allocations as soon as possible, along with application of the GEN. OAPP will apply the GEN to avoid the wide reduction variations that occurred in Year 14 implementation. Barring other funding, reductions will be implemented by May 1st so providers will have the maximum time to adjust.

D. Year 16 Title I/II "Backfilling" Options:

- Both P&P and Finance concurred with recommendations to seek means to restore lost funds, Ms. Watt said. Six options were identified with potential to mitigate reductions. In no order, they are: request that LA County increase the DHS NCC allocation; request that OAPP reduce administrative costs; coordinate statewide to request a State budget allocation; identify Program Support activities that might be reduced or eliminated, such as capacity building; work with DMH to better integrate mental health, especially in leveraging Medicaid resources and appropriate linkages with Proposition 63 funds; investigate alternative resources either to directly fund services or to fund OAPP-contracted activities so that those funds can then be shifted to services.
- OAPP committed to and the Commission approved a plan for a presentation of the allocations plan within 15 days following the Title II award, followed by a subsequent report on the application of the GEN. In response to Mr. Engeran's questions, Mr. Vincent-Jones said the information would be circulated promptly once completed. Mr. Engeran added that the other financial information noted in Dr. Schunhoff's memorandum would be helpful, too.
- Ms. Broadus asked about the recommendation to reduce Program Support, especially regarding capacity building, and what data might support such a decision. Mr. Vincent-Jones replied that the Program Support Subcommittee was still reviewing data, some just received, for more specific recommendations. During the previous meeting, Ms. Watt said, several commented that outside funding was most easily obtained for activities such as capacity building. Mr. Vincent-Jones reiterated that no decisions had been made, but that the proposed actions were only possibilities to secure more service funding. Ms. DeAugustine said she favored more specific capacity building outcomes.

MOTION #3: Approve the response plan to the Year 16 Title I/II award reductions, as presented **(*Motion Passed:* 21 ayes; 0 opposed; 7 abstentions*)**.

E. Joint Commission/PPC Co-Chair Meetings: Co-Chairs of both bodies met prior to the April 3, 2006 Commission's Executive Committee meeting to discuss enhanced cooperation and support to underscore interrelated prevention, care and treatment activities. It was agreed, Ms. Watt continued, that greater sharing of presentations and education on data would be helpful, including the PPC Evaluation Subcommittee results on their year-long review of heterosexuals and HIV, the Commission's Public Policy Committee's work on legislation, and education on the Commission continuum of care.

IX. EXECUTIVE DIRECTOR'S REPORT:

A. Staffing Changes: In response to a request, the Commission's organizational chart was included in the packet. Mr. Vincent-Jones indicated that Miguel Fernandez has joined the Commission's staff. He most recently worked at AIDS Project Los Angeles as Planning Coordinator, at Bienestar and at the LA County Department of Consumer Affiars. The newly appointed Executive Officer of the Board of Supervisors is Sachi Hamai, previously with the Department of Health Services. She was scheduled to be sworn in at 4:00 pm that day.

B. HRSA FOIA Requests:

- Three Freedom of Information Act (FOIA) requests have been submitted to HRSA and are pending reply. The first FOIA addresses why LA County was told it would be adversely affected for submitting the Annual Progress Report Condition of Award (COA) by an extended deadline that had been approved by HAB. Such an extension has been invoked without prejudice for several years. There is also general confusion on the import of COAs since they no longer carry specific points. The second FOIA request is for the methodology formula used to determine Title I awards. This information was requested and received three years ago, so no problems are anticipated in receiving it.
- The third FOIA, which is the most detailed, requests an explanation of the application score. This is especially important because, since submitting the request, it has become known that the grant reduction was due to the score of the supplemental portion. That is particularly troubling because the application, with appropriately updated data, is

essentially the same as the one that ranked second in the country the prior year, with a score of 98. Even though the guidance was also essentially the same, the LA County score dropped to 88.

- HRSA's detail of the application's strengths and weaknesses were reviewed and, in most cases, they are inaccurate. For example, a weakness may state that a subject was not addressed when, in fact, it was addressed in three or four pages. In other places, review comments were obviously based on criteria used in other branches of HRSA, but not pertinent to HAB. Several strengths were not only noted last year, like Severe Need, but distributed by HRSA as a model for other EMAs. Yet, few strengths were noted this year. Conversely, few weaknesses were noted last year, but many this year.
- The packet contains a color-coded application copy indicating where OAPP and the Commission believe that items noted as weaknesses were actually addressed in the application. Cuts to this EMA over the last three years total 13%. With the exception of this year, applications have scored in the top five and have shown a steady score increase over six years. Over the last seven years, there has never been a loss of more than seven points on the supplemental application. Scores lower than 93 were due to lost COA points lost that then counted toward the total score. Prevalence figures also meet or exceed most other jurisdictions in the country.
- This is also the second year of an 80-page application. Previously, it was 300 pages. While 80 pages may be sufficient for a small, single-provider jurisdictions, large jurisdictions cannot adequately describe the complexity of their services or the service delivery network. These parameters may consciously be used to undermine large EMAs comparative to small ones.
- Ms. Broadus asked who writes the application. Mr. Vincent-Jones responded that OAPP is the lead, but the Commission is responsible for the Planning Council section, the Assessment of the Administrative Mechanism, and Priorities- and Allocations, as well as assisting with Unmet Need and Severe Need. This letter to Dr. Duke was specifically sent under the signatures only of Dr. Fielding, Director of Public Health and Health Officer, and the Commission Co-Chairs. Mr. Pérez said that his signature and that of Mr. Vincent-Jones were left off in order to remove any appearance of bias. Ms. Broadus said the Commission should also attend to actual weaknesses where explanation was insufficient. Mr. Pérez said a close review has identified some shortcomings, though none commensurate with a 10% reduction in score. That said, work has begun to strengthen those areas.
- Mr. Butler said it was not excusable for the Project Officer to be absent under these circumstances. Project officers should be attuned to, and advocating for, their EMAs. Mr. Vincent-Jones said the issue of a technical site review was also raised at the Executive Committee. The previous Project Officer was committed to a strong partnership, but Mr. Vincent-Jones said that type of relationship seems missing now, and was not certain that HRSA encourages it.
- Dr. Long noted comments that many changes seemed to emanate from outside of HRSA. She said similar changes are appearing in how CDC grants are done, with close restrictions that impair description of a large jurisdiction. The overall trend is a difficult one that may necessitate a broader response. Ms. DeAugustine added that Homeland Security and Bioterrorism were also being handled in this manner. She recommended addressing it on a Congressional level.

MOTION #3A (Butler/Fuentes*)*: Move that the Commission's Executive Director, in concert with OAPP's Interim Director, strongly request that the Commission's Project Officer be present at the Commission's meeting to explain the FY16 application score ***(Passed by Consensus)***.

C. Memorandum of Understanding (MOU): There was no additional information at this time.

X. STATE OFFICE OF AIDS REPORT:

- Ms. Taylor noted that LA County is one of three counties in the State that received a Title II increase. All other 58 counties received a slight decrease. Because of the allocation process used by the State, Ms. Taylor reported, decreases were limited to no more than 5%. The State allocation process was difficult because of the cuts and increased costs. The goal is to keep programs at least flat-funded. While there was a hope to increase some, that was not possible. The Community-Based, CareHIPP and Case Management Programs were flat-funded. The Care Services Consortia Program received a slight decrease overall.
- There is a push to increase CareHIPP through general funding to increase access and number of months. For every dollar, about seven-and-one-half dollars is saved by public health. Project Inform of San Francisco is spearheading that effort.

XI. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: Mr. Pérez provided the OAPP report.

A. Year 16 Title I Award Application Score: Already addressed as part of the Executive Director's report.

B. Year 16 Title II Award Notification: Already announced as part of the Executive Director's report.

C. Year 16 Title I/II Allocations Implementation: Now that both awards have been received, Ms. Gibson is scheduled on April 21st to work with the Finance Committee on the allocation process.

D. Miscellaneous:

- Little information is available out of Washington on Reauthorization. There is some indication that discussions may come to a close with this Congressional cycle and resume next year. AIDSWatch will be in Washington, D.C. during the first week of May. It is expected to be well attended.
- LA County will advocate for a HIV reporting transition plan should Reauthorization talks stall. It is important that the Federal government has some contingency plan for jurisdictions that are just implementing name-based HIV reporting. Mr. Land asked if the October 1, 2006 Federal deadline for names-based data, and a concurrent percentage penalty, was prompting any LA County response.
- The Annual Progress Report, due April 15th, will be delivered to Atlanta April 14th. It is informative reading. Prevention efforts in 2005 reflect a transition year in integrating care and prevention. There were dips in some programmatic activities, such as fewer tests provided, but it is anticipated those numbers will rebound in 2006.
- State and Federal guidelines require use of Medicare Part D prior to use of ADAP resources. It is, therefore, critical for ADAP clients who are eligible for Medicare Part D to enroll and to apply for the low-income subsidy. A final reminder is being sent to anyone who might not have already enrolled to do so by April 15th. If a person is Medicare Part D eligible but has private insurance, called comparable coverage, the ADAP enrollment worker must be informed. That will permit ADAP to cover some of the co-pays and deductibles. For eligibility questions, people can call Henrietta Schell at OAPP. She will coordinate assistance in obtaining exemptions, for example, if a private insurer would not ordinarily qualify. Ms. Taylor added that some states are cutting people off on April 15th, but California is working diligently to resolve any problems. Mr. Vincent-Jones complemented Mr. Goodman, who had alerted the Commission to this problem, and the cooperation of the State and OAPP in promptly developing a strategy to address it.
- The State is hosting a meeting in mid-May on the HIV Counseling and Testing model for AIDS Directors from throughout the State. The goal is to revamp and evolve the model. Several proposals will be reviewed, including AB 2280 under consideration by Assemblyman Leno, the results of discussions during the last year at the California HIV Planning Group, and results of a meeting of the nine Title I EMA directors with the State earlier this year. The meeting will address such issues as diagnosing more people, program cost control, better testing outreach to those with no clear risk, and incorporating HIV testing technology and screening into more venues. Hopefully changes will be incorporated into practice by July 1st.
- The 10th Annual 5K AIDS Walk for minority women and children will be April 22nd at Cal State Dominguez Hills. Registration forms are available. OAPP and the HIIV Epidemiology Program have a team, Mr. Pérez announced.
- Richard Martinez, Chief Administrative Office, was in attendance to observe the Commission's Title I/II planning process.

XII. HIV EPIDEMIOLOGY PROGRAM REPORT:

- States converting to HIV names-based reporting require an approved transition plan reviewed by the CDC, Mr. Bunch said. Preliminary word was received April 12th that the California plan was approved pending the governor's signature on legislation approving the new system. Some states, even after legislative approval of their HIV names-based system, have had to wait.
- After 13 years with the HIV Epidemiology Program, Mr. Bunch announced he would leave April 21st for another position with the Department of Health Services (DHS). Dr. Frye will assume the Director's position. He appreciated having had the opportunity to work with the Commission, the PPC and individuals from many agencies.
- Ms. DeAugustine thanked him for his assistance to Long Beach, LA County and the State. Mr. Engeran complimented his professionalism. Mr. Vincent-Jones lauded his contribution to the working relationship with quiet, dignified leadership.

XIII. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt explained that the April meeting was a "break-out" meeting that begins with a short general meeting followed by subcommittee meetings. This format encourages community participation in the subcommittees. Subcommittees have finalized their work plans and are beginning to implement them. The colloquium at the last meeting focused on young Latino/a parents. People participate in groups to address parenting issues and the impact of experiences as child abuse on their lives today.

- JWCH will provide bathhouse HIV Counseling and Testing during peak operation hours. Nine of the eleven bathhouses are participating in the program, which meets bathhouse legal requirements. Plans are developing for Counseling and Testing in June in conjunction with Gay Pride.
- Two new members have been approved. Ms. Broadus asked what happens when a nominee is not approved. Ms. Watt noted that nominees remain on the list for two years and might be brought forward again. Mr. Hamilton said he knew at least four people who applied, but received no response. Ms. Watt noted that seats must meet demographic requirements, but will check on responses to applications. Ms. Watt will bring a breakdown of the PPC seats to next month's meeting for information purposes.
- Ms. Broadus asked why the City of West Hollywood was the only city represented. Ms. Watt said the same cities are represented on the PPC as on the Commission: Los Angeles, Long Beach, Pasadena and West Hollywood. Not all seats are currently filled. Ms. DeAugustine added that the Long Beach seat was only vacated recently.

XIV. **TASK FORCE REPORTS**:

A. Commission Task Forces:

- The HIV Housing Collaborative seeks to coordinate city, County and inter-county departments on housing, especially as that pertains to PWHIV, Mr. Engeran reported. He has been selected as co-chair. The Collaborative is in the process of developing an implementation plan with action steps. The Standards of Care for both Transitional and Residential have been introduced to the Collaborative.
- Members include HOPWA and the LA Housing Authority. The Long Beach Housing Authority has been invited to join. LA County Departments of Mental Health and Health Services have been asked to participate in helping to leverage resources among departments and cities.

B. Community Task Forces: There were no reports.

XVI. **STANDING COMMITTEE REPORTS**:

A. Standards of Care (SOC) Committee:

1. ***Benefits Specialty Standards of Care***:
   - Dr. Younai noted this is only one of the areas that addresses services formerly understood to be part of client advocacy, a subject described in the March 6, 2006 memorandum and referenced in the Benefits Specialty standards presentation. Relevant service categories will be reviewed at the end of the standards process to ensure each aspect of client advocacy is appropriately addressed and that the relevant standards interact properly. A consumer panel will be convened to assist with that review.
   - No public comments were received on the Benefits Specialty Standards of Care.
   - Ms. Broadus complimented the Committee on addressing the complex subject of client advocacy. She went on to ask how Peer-to-Peer Support relates to the various areas if it is primarily being defined as navigational. Dr. Younai agreed that the psychosocial approach will play a role, but sometimes clients have difficulty either with language or with communicating with case managers. Ms. Broadus requested that be addressed specially. Mr. Vincent-Jones suggested Ms. Broadus email her concerns to ensure they would be addressed during the final review. He added that peers have their own role in support as opposed to professional services.

   MOTION #4: Approve the Benefits Specialty Standards of Care, as presented ***(Passed by Consensus)***.
2. ***Case Management, Psychosocial Standards of Care***: Dr. Younai noted this was being returned to the SOC to incorporate a comment made at the March Commission meeting hat had been overlooked.

   MOTION #5: Approve the Case Management, Psychosocial Standards of Care, as presented ***(Postponed)***.
3. ***Case Management, Medical Standards of Care***:
   - Dr. Younai indicated that the standard was being introduced for public comment. The Service Provider Network is being specifically notified as well in response to Ms. Broadus' concerns at the last Commission meeting that service providers were not receiving sufficient information on the standards process. The presentation by Dr. Younai was also in the packet.
   - Case Management, Medical is designed to facilitate access into primary care, continuation in and coordination of care while respecting the client and supporting self-determination and self-sufficiency. Monitoring of the client should be ongoing to ensure progress toward goals, with each active client discussed at least once per month. This is an essential component in comprehensive care to ensure linkage of services.
   - Components are intake assessment, identification of available resources, identification of the client's needs, nursing diagnosis, case management, development and implementation of a plan for the client.

- Services are provided by an RN in good standing with the State, certified by OAPP in HIV case management with one year of service in an HIV clinic.
- Outcome benchmarks are: 60% of clients receiving medical treatment at least quarterly, 50% reduction in clients' self-reporting risk-taking behaviors, and 90% of clients reporting satisfaction with care. The units of service are the number of clients and the number of contacts with each client.
- Dr. Frye asked about potential overlap with Case Management, Psychosocial. Mr. Vincent-Jones said there will be overlap of the eventual four Case Management standards, including Transitional and In-Home, and can be addressed at the end of the process. Preliminary discussion has identified case loads, points of entry and gatekeeper requirements as key. Ms. DeAugustine noted Long Beach uses weekly case conferences to address overlapping issues, but looks forward to additional attention to overlap issues.

4. ***Memorandum: Special Populations Guidelines***: The next panel will address Case Management, Transitional Standards of Care, Dr. Younai reported. In response to suggestions regarding emancipated youth, there were discussions on youth and other special populations. Both emancipated and other at-risk youth will be addressed in the youth section of the Transitional Standards. Discussions at the end of the standards process will better define "special populations".

B. Public Policy Committee: Mr. Engeran noted that this was the last meeting before Ms. Schwartz goes on maternity leave. Good wishes were offered by all.

1. ***AB 2383: Inmate HIV Testing:***
   - The transcript AB 2383 general discussion at the March Commission meeting was included in the packet, and this meeting's discussion was scheduled to focus on the motion. The Public Policy Committee supports the bill with the amendments, as indicated. The minutes from the March 2, 2006 Special Public Policy Committee meeting detail the discussion on and reasons for the amendments.
   - Ms. Avalos noted that everyone entering prison is given a health screening. This bill simply adds HIV testing to that and should be presented to the public as such. She added that the Minimum Standards for Detention Facilities, 2005, Title 15 Health Guidelines includes a section regarding the health screening. There are currently six California Penal Codes that require HIV testing in various circumstances. She said people challenging the bill should consider that HIV testing is already taking place. She continued that community referrals are also required within one month of parole. She said the bill improves these measures and will materially protect the communities to which paroles return. Ms. Broadus recommended adding Hepatitis and tuberculosis because the bill is designed to protect public health.
   - Ms. Smith-Starks, AHF, said that AHF tests about 200 people per month in the LA County jails. They recently tested six African-American men identifying gay or bisexual who all tested HIV+. One of those was a man who had previously tested HIV-, but his partner had just been released from jail.
   - Ms. Broadus said the African-American Alcohol and Other Drugs Council of Los Angeles County (AAAOD) supports the bill. They see it as a re-entry program, particularly since most parolees are released into a relatively small area, with 31% of all California parolees being released into LA County especially East, Central, and South Los Angeles as well as Compton. The AAAOD believes there is a correlation between the number of African-American women testing HIV+ and men exiting prison.
   - Mr. Griggs felt testing should be mandatory on exit along with treatment follow-up to protect the community. Dr. Frye felt that if exit testing is mandatory, then entry testing should be mandatory as well. Some studies show a greater risk in the community because sero-prevalence is higher in the communities to which people return. He added that there is no data on sero-conversion in prison, so testing at both entry and exit would offer information as well as protect other prisoners who are under the conservatorship of the State.
   - Ms. DeAugustine said she supported testing at both entry and exit. She noted that some people are incarcerated for years. If the person is HIV+, their partners could go years without being aware of their risk if only exit testing is required.
   - Mr. Engeran noted it was important to remember that the original bill started as an HIV testing bill to shift from testing for cause to testing preemptively. He added that mandatory entry and exit testing could be a poison pill since it would open the prison system to significant liability.
   - Mr. Lewis noted that not only people of color are at risk by exiting prisoners. He said he was in favor of both entry and exit testing. He also approved of the focus on HIV since other communicable diseases do not carry the confidentiality requirements of HIV and are addressed through the hhealth screening.
   - Mr. Page noted that twenty years ago he was a ward of the State of Michigan. They mandated an HIV test. While he already knew he was HIV+, he felt it was good. He also approves of exit testing.

- Ms. Broadus felt point three (PCRS) is inappropriate for legislative language because it addresses operational issues. She felt it should be removed from the motion. Mr. Engeran said the goal was to ensure people accessed PCRS promptly, like requirements for other behaviors.

MOTION #6A (Broadus/DeAugustine): Remove "Specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS" ***(Motion Failed:*** **5 ayes; 10 opposed; 10 abstentions*.)***

- It was agreed that the fourth point (subsection E) could be deleted since the revised legislation already deleted it.
- Ms. Broadus opposed the sixth point (notification of serostatus not go through parole officer) because there is already a maintenance of confidentiality of medical health screening results in the Title 15 2005 Health Guidelines. It is therefore moot.
- Mr. Goodman related that he had found that many parole officers were not supportive and none were trained in health care. He also recalled Julie Falk's presentation at the March Commission meeting. He pointed out that the system is disarray to the extent of Federal receivership. Regardless of Title 15, health care is unable to meet the goals already in law much less any others. Ms. Avalos agreed that the parole officer was not equipped to handle this subject, either with a parolee or the person's significant others. Mr. Farias felt parole officers do not have the skill set to address HIV issues.
- Mr. Griggs felt notification should go through the parole officer because such reporting is a strong means of influencing behavior. It could help ensure proper follow-up. Ms. DeAugustine felt the parole officer needed to be involved in some way to ensure compliance. Mr. Lewis commented that parole officers have, as a primary function, the protection of the community. As such, ensuring appropriate compliance is in line with those duties. Ms. Bailey felt that confidentiality would be a major issue in Sacramento. To support it, she felt the amendment should stay.
- Mr. Butler noted that much fear had been expressed at the March Commission meeting concerning parole officers. He said that parole officers only need to know that a parolee attended required medical appointments – not the purpose of the appointments. He felt the amendment was useful in protecting parolee confidentiality and not overburdening a system that was already strained.
- Mr. Engeran noted that redundancy in law is often helpful by emphasizing important matters. He felt that it was important to ensure the best handling of the subject. Ms. Schwartz suggested that, if parole officers were deemed improper, perhaps CBOs could be involved in the process as a connection since they handle prisoners and are familiar with the work. She recommended proposing that to Dymally's office as a middle ground. Mr. Acosta recommended a coordinator in prison, for example, an organization like CorrectHelp.
- Ms. Watt said that, while the current bill requires reporting to a parole officer within 24 hours, many prisoners have sex before that time. She expressed concern that some process does not address the matter immediately.
- Mr. Hamilton said that all of these amendments are only recommendations since the bill is not in final form. He hoped that no individual amendment would be a deal-breaker for anyone's support of the bill. Mr. Vincent-Jones clarified that the motion was currently written as, "Support AB 2383, if amended," so each amendment would need to be incorporated into the bill in order for the Commission's support to be in effect. If the Commission wished to present the amendments as recommendations, the motion would need to be changed. Mr. McCoy related that at his last consortia meeting one member opposed the bill because she felt partners should take responsibility for themselves. He, however, supported the bill with the recommended amendments.

MOTION #6B (Broadus/Orozco): Remove "Notification of HIV serostatus should <u>not</u> go through parole officer" ***(Motion Failed:*** **11 ayes; 11 opposed; 3 abstentions*)***.

MOTION #6C (Engeran/Broadus): Modify "Support AB 2383, if amended accordingly" to "Support AB 2383 with recommendations" ***(Passed by Consensus)***.

MOTION #6: Support AB 2383 ~~, if amended accordingly~~ with recommendations:

- provide HIV testing upon exit <u>and</u> entry;
- referral to PCRS <u>and</u> community-based care, treatment, mental health and case management services;
- specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS;
- ~~delete subsection E, Section 7506;~~
- provide care and treatment services to HIV-diagnosed individuals in accordance with approved standards of care;
- notification of HIV serostatus should <u>not</u> go through parole officer;
- incorporate an anti-discrimination provision protecting HIV+ inmates

(Motion Passed: **23 ayes; 0 opposed; 2 abstentions*).***

2. ***SB 699: Name-Based HIV Reporting***: The legislation has passed and is on the governor's desk for signature, Mr. Engeran reported. He thanked everyone for their work.

3. ***Funding Reductions Advocacy Plan***:
   - The plan was jointly developed by the Public Policy and Recruitment, Diversity and Bylaws (RD&B) Committees. The presentation by Mr. Engeran was in the packet. It will take time to build momentum by talking with stakeholders, consumers, and public representatives. Two work groups are recommended: Legislative Action and Community Mobilization. Communications, likewise, will be directed separately with both a letter to the LA County Congressional delegation and an open letter to the community. In both cases, justifiable anger and frustration must be focused on realistic proposals to address the problem.
   - The Commission has improved its ability to do effective legislative visits and Board briefings. These skills will be brought to bear on educating government at all levels. Media talking points are being developed. Coalition-building has begun. Consumers will be encouraged to become involved through activities like letter-writing campaigns, petitions and calling legislative offices.
4. ***CARE Act Reauthorization***: There was no additional information.

C. Priorities and Planning (P&P) Committee:

1. ***Needs Assessment***:
   - The conclusions of the H-CAP Needs Assessment presentation had been postponed from the March Commission meeting because many Commissioners had left.
   - With per capita funding decreasing, care costs rising, and mortality rates declining due to better treatment protocols, there is a growing need to move people from CARE Act-funded services to services with more sustainable funding.
   - African-American and Latino women have a greater need for medical specialty, home-based care and transportation.
   - Men report a greater need for medical care and housing information.
   - Heterosexuals now represent 11% of PLWH/A.
   - MSM/IDUs represent about 10% of the epidemic, but require higher service levels.
   - There is approximately a 50/50 split between HIV and AIDS, indicating the need for a care continuum.
   - Adherence remains high, though African-Americans have lower adherence rates. Forgetfulness is the most common reason for not adhering. Side effects are the second most common reason, though among IDUs, the second reason is not wanting to take medications.
   - More than 85% of PLWA, and 75% of PLWH, are taking medication.
   - Over 60% of participants ranked bus passes and food pantry as their third and fourth greatest needs, displacing the 2004 third-ranked service, psychosocial case management. Medical and dental services remained as first and second.
   - MSM/IDUs are more likely to report a need for outpatient substance abuse treatment services, while non-MSM/IDUs report a greater need for residential substance abuse treatment.
   - Overall, IDUs reported greater need for all forms of counseling, psychosocial case management and prevention at their doctor's office.
   - The largest gaps between services asked for and received are: dental care, housing (including rental subsidies), independent housing and housing information.
   - The largest need-ask gap (35%) is for residential substance abuse treatment, followed by medical care (20%), which is most commonly not asked for when people are asymptomatic at an early stage of infection.
   - Barriers most commonly acknowledged included denial and physical barriers.
   - Between 20% and 30% had communication barriers like not understanding instructions, ignorance of needed treatment or overall poor communication with their providers.
   - Other barriers affecting 25% to 30% of people were wait time, rules/regulations, insurance coverage, system navigation, confidentiality, and provider insensitivity.
   - Ms. Broadus requested more information on the process regarding data, costs and de-funding of service categories still identified as needs. The needs assessment data will be combined with financial data, service utilization data and demographic data. Evaluation data will also be added eventually, but is not yet available, Mr. Vincent-Jones replied. The data then is compiled on service category summary sheets. Those sheets will be brought forward to the Commission in May after the Finance Committee has had the opportunity to review them.
   - Assessing cost is complex, but is being addressed through development of the rate studies and costs per unit. While all services are arguably valuable, key concerns are unmet need, where unmet need is located, what is the highest need, what information on need does service utilization provide.
   - There is a ten-component matrix, Ms. Watt continued, used to elaborate the view of each service category. Ms. Broadus said it was important to explore linkage of pieces of data, for example, does a decrease in transportation push a higher reported need for medical services and lower rate of adherence? Such unintended consequences

might, she suggested, be best reviewed in a separate report. Ms. Watt said such discussions do take place. She added that funding from other sources is also considered.

- Mr. Butler asked if there would be reports broken down by SPA. Mr. Vincent-Jones answered that there is insufficient staff and an insufficient number of respondents to generate valid data by SPA at this time. That is a future goal.

D. Recruitment, Diversity and Bylaws (RD&B) Committee:

- Mr. Butler noted that the Committee now meets on the third Thursday of the month, from 10:00 a.m. to 12:00 noon.
- Half of Commission seats and any associated alternate seats come up for renewal in June. Commissioners whose seats will be up for renewal should advise their nominating entities. This is true even of newly appointed individuals since the terms apply to the seats rather than to individuals.
- Latinos/as are particularly needed to maintain the demographic requirements for the Commission. Mr. Acosta asked if there was communication with the SPAs. He was told at his last meeting that he was going to be replaced, not simply that his seat was up for renewal. While that misperception was corrected, he felt SPAs need more help in understanding the system. Mr. Butler said he would be happy to assist any nominating entity.
- Mr. Hamilton said SPA 6 also had had the misperception that terming out Commissioners needed to be replaced. He corrected them at their last meeting. He felt entities still did not understand that nominees should be coming forward from them to represent them, instead of the Commission imposing people on them. Mr. Vincent-Jones clarified that SPNs were required to send two candidates and the RD&B chooses among those candidates.
- Ms. Broadus said it was her understanding that not all duty statements were completed. She was concerned that some applicants might be at a disadvantage if, once appointed, a new duty statement changed their role. Mr. Vincent-Jones agreed that is the goal, but noted that terms are set by the Board. They can only be "extended" in the passive sense that a current Commissioner fills his or her seat until replaced.
- Ms. Broadus recommended that seats without current duty statements be maintained as is until their duty statements are approved. Meanwhile, she requested a list of outstanding duty statements. Mr. Vincent-Jones said there are 21 seats that do not as yet have approved duty statements. There are fewer duty statements outstanding since some cover several seats. Duty statements for seats terming out in June have been the priority. An update will be provided in May.

1. ***Member Duty Statements (Introduced)***: The Health Care Provider duty statement was brought forward for approval. **MOTION #7**: Approve the proposed Health Care Provider member duty statement ***(Passed by Consensus)***.
2. ***Member Duty Statements (New):*** The Healthcare Systems duty statement was introduced for public comment.

E. Finance Committee:

1. ***Financial Reports****:*
   - Mr. Vincent-Jones indicated that the Year 15 Financial Reports were in the packet but were not as yet final.
   - As OAPP brings forward reports on the financial situation for discussions at the Finance Committee, Mr. Engeran asked that the information be reported out to the Commission. Mr. Vincent-Jones responded that reports on the overall financial situation have not been received as yet. Ms. Gibson is, however, planning to present on the monthly reports and how OAPP develops the allocation numbers.

XVII. ANNOUNCEMENTS:

- Mr. Hamilton will be attending AIDSWatch May 8-10. He would like to be a conduit for information from this community. That is a special need, he felt, as the East Coast appears to dominate consciousness in Washington. Support for the trip also would be appreciated.
- Diana Vasquez, Director of Care Services, OAPP, has accepted a position with the new Office of Nursing Affairs, DHS, Mr. Pérez announced. The formal transition date and plan have not yet been determined.

XVIII. ADJOURNMENT: Adjournment in memory of David Seiling and Ken Duff was offered by Ms. Watt. Ms. Bailey adjourned the meeting in their memory at 1:35 p.m.

A. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the March 9, 2006 Commission on HIV meeting with corrections as noted.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Approve the response plan to the Year 16 Title I/II award reductions, as presented.	***Ayes:*** *Acosta, Bailey, Carter, Chavez, Crews-Rhoden, DeAugustine, Engeran, Farias, Fuentes, Giugni, Gomez, Goodman, Griggs, Land, Nolledo, Orozco, Palmeros, Skinner, Varela, Woodard, Younai* ***Opposed:*** *none* ***Abstentions:*** *Broadus, Hamilton. King, Long, Pérez, Schwartz, Taylor*	**MOTION PASSED** **Ayes**: 21 **Opposed**: 0 **Abstentions**: 7
MOTION #3A (Butler/Fuentes): Move that the Commission's Executive Director, in concert with OAPP's Interim Director, strongly request that the Commission's Project Officer be present at the Commission's meeting to explain the FY16 application score.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Approve the Benefits Specialty Standards of Care, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Approve the Case Management, Psychosocial Standards of Care, as presented.	***Postponed***	**MOTION POSTPONED**
MOTION #6A (Broadus/ DeAugustine): Remove "Specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS".	***Ayes:*** *Broadus, DeAugustine, Gomez, Hamilton, Schwartz* ***Opposed:*** *Bailey, Carter, Engeran, Fuentes, Giugni, Goodman, Griggs, King, Land, Skinner* ***Abstentions:*** *Butler, Crews-Rhoden, Farias, Long, Orozco, Palmeros, Signey, Taylor, Varela, Younai*	**MOTION FAILS** **Ayes**: 5 **Opposed**: 10 **Abstentions**: 10
MOTION #6B (Broadus/Orozco): Remove "Notification of HIV serostatus should <u>not</u> go through parole officer".	***Ayes:*** *Broadus, Crews-Rhoden, DeAugustine, Hamilton, King, McCoy, Orozco, Pérez, Schwartz, Varela, Younai* ***Opposed:*** *Acosta, Bailey, Carter, Engeran, Farias, Fuentes, Gomez, Goodman, Griggs, Land, Skinner* ***Abstentions:*** *Butler, Long, Taylor*	**MOTION FAILS** **Ayes**: 11 **Opposed**: 11 **Abstentions**: 3
MOTION #6C (Engeran/Broadus): Modify "Support AB 2383, if amended accordingly" to "Support AB 2383 with recommendations".	***Passed by Consensus***	**MOTION PASSED**
MOTION #6: Support AB 2383 ~~, if amended accordingly~~ with recommendations: ▪ provide HIV testing upon exit <u>and</u> entry; ▪ referral to PCRS <u>and</u> community-based care, treatment, mental health and case management services; ▪ specifically outline the process for enrollment in PCRS and the length of time inmates would be enrolled in PCRS; ▪ ~~delete subsection E, Section 7506;~~	***Ayes:*** *Acosta, Bailey, Broadus, Butler, Carter, Crews-Rhoden, DeAugustine, Engeran, Farias, Fuentes, Gomez, Goodman, Griggs, Hamilton, King, Land, McCoy, Orozco, Palmeros, Pérez, Skinner, Varela, Younai* ***Opposed:*** *none* ***Abstentions:*** *Long, Taylor*	**MOTION PASSED** **Ayes**: 23 **Opposed**: 0 **Abstentions**: 2

MOTION AND VOTING SUMMARY		
▪ provide care and treatment services to HIV-diagnosed individuals in accordance with approved standards of care; ▪ notification of HIV serostatus should not go through parole officer; ▪ incorporate an anti-discrimination provision protecting HIV+ inmates.		
MOTION #7: Approve the proposed Health Care Provider member duty statement.	***Passed by Consensus***	**MOTION PASSED**